PATENT APPLICAT FEE DETERMINATION RECO								Application or Docket Number					
PATENT APPLICA FEE DETERMINATION RECO Effective October 1, 2000									92	6	199		
CLAIMS AS FILED - PART I								L EN	TITY		OTHE	R THAN	
_			(Colum	(Column 1) (Column 2)			TYPE			OR	SMALL		
TOTAL CLAIMS			(3)				RAT	Ε	FÉE		RATE	PEE	
FOR			NUMBER FILED N			BER EXTRA	BASIC FEE			OR	BASIC FEE	28Ca	
TOTAL CHARGEABLE CLAIMS			30 minus 20= *		*	10	X\$ 9)=		OR	X\$18=	3/80	
INDEPENDENT CLAIMS			(minus 3 =		*	3	X40	=		OR	X80=	82//	
М	JLTIPLE DEPE	NDENT CLAIM F	RESENT		•		+135			1	+270=	10/0	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA		· · · · · ·	OR	TOTAL	61201	
CLAIMS AS AMENDED - PART II							1012	^ر ل	·····	OR	OTHER		
	(Column 1) (Column 2) (Column 3)						SMAI	LL EI	YTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9	=	•	OR	X\$18=		
\ME	Independent	*	Minus	***		=	X40=			OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=	_		OR	+270=		
							TOT		,		TOTAL		
	(Column 1) (Column 2) (Column 3)							EE L		1011,4	ADDIT. FEE	L	
AMENDMENT B		CLAIMS		HIGH	EST				ADDI-	ır		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIC PAID I	USLY	PRESENT EXTRA	RATE	TI	ONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	X40=	1		OR	X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT CLAIM				+135=	_		•	+270=		
								L.		OR	TOTAL		
								E L		OR A	DDIT. FEE		
_	Siender und diese	(Column 1) CLAIMS	The second second	(Colum		(Column 3)	·			_			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	X40=	1		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1-					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR L	+270=		
										OR AL	TOTAL DDIT. FEE		
		ber Previously Paid					ound in the a	pprop	riate box	in colu	mn 1.		